

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/744645</b>	FILING DATE	
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		2					53		
4		2					54		
5							55		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		↓		↓		TOTAL IND.		↓
TOTAL DEP.	33	↔		↔		↔	TOTAL DEP.		↔
TOTAL CLAIMS	34						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1380 (REV. 3-78)

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